UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case 11-CA- 21439	Date Filed 1/19/07	

INSTRUCTIONS				
	INCT	PRI	CT	ONS

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

Name of Employer		b. Number of workers employed	
almetto Enterprises, Inc.		12-13	
Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.	
10 Highway 17 South, North Myrtle Beach, SC 29582	James Dickerson, GM	(843) 361 7373	
To Highway 17 South, North Myttle Beach, SC 27562	James Diekerson, Givi	Fax No.	
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or serv	ice	
seller		sories/furniture	
The above-named employer has engaged in and is engaging in unf subsections)	air labor practices within the meaning of sec of the National Labor Relations Act, and the		
practices affecting commerce within the meaning of the Act. Basis of the Charge (set forth a clear and concise statement of the	Gate constitution the allowed sufficients had an	uportonal .	
Basis of the Charge (set forth a clear and concise statement of the	jacis constituting the atteged unjuir tabor pl	ractices)	
uaranteed in Section 7 of the Act.		yees in the exercise of the rights	
by the above and other acts, the above-named employer has inter uaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full n		yees in the exercise of the rights	
uaranteed in Section 7 of the Act.			
uaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full not) (6), (b) (7)(C)		yees in the exercise of the rights 4b. Telephone No.	
uaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full not) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIP code) b) (6), (b) (7)(C)	ame, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (a) Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) (c) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	ame, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C) led in when charge is filed by a labor knowledge and belief.	
paranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full not) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization of which organization)	it is an affiliate or constituent unit (to be fill	4b. Telephone No. (b) (6), (b) (7)(C) led in when charge is filed by a labor	

UNITED STATES AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C 3512
DO T WRI	TE IN THIS SPACE

Case 11-CA-21463

Date Filed 2/16/07

INCT	 -	101	

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

Name of Employer	ER AGAINST WHOM CHARGE IS BROU	b. Number of workers employed
andolph Health and Rehab		200
		1
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
230 & Presull St	Yvonne Johnson	(336)258-1447
hboro NC 2 7305-	203	Fax No.
Type of Establishment(factory, mine, wholesaler, etc.) sing home	g. Identify principal product or service patient care	
 The above-named employer has engaged in and is enand (list subsections) and (3) 		aning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor practices are practices affecting		
Basis of the Charge (set forth a clear and concise states	ment of the facts constituting the alleged unfair	labor practices)
By the above and other acts, the above-named employe Section 7 of the Act.		
Section 7 of the Act. Full name of party filing charge (if labor organization, gi (6), (b) (7)(C)	ive full name, including local name and number	יו
Section 7 of the Act. Full name of party filing charge (if labor organization, gi (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)	ive full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C)
Section 7 of the Act. Full name of party filing charge (if labor organization, gi (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C)	ive full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C) Fax No.
	ive full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () -
Section 7 of the Act. Full name of party filing charge (if labor organization, gi (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) (6), (b) (7)(C) Full name of national or international labor organization ganization)	ive full name, including local name and number of which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () - be filled in when charge is filed by a labor
Section 7 of the Act. Full name of party filing charge (if labor organization, gi (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization	ive full name, including local name and number of which it is an affiliate or constituent unit (to	## Ab. Telephone No. (b) (6), (b) (7)(c) Fax No. () - be filled in when charge is filed by a labor be best of my knowledge and belief. an Individual
Section 7 of the Act. Full name of party filing charge (if labor organization, gi (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) 6), (b) (7)(C) Full name of national or international labor organization ganization)	ive full name, including local name and number of which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6), (b) (7)(c) Fax No. () - be filled in when charge is filed by a labor be best of my knowledge and belief.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

Case

11-CA-21468

Date Filed / / 2/22/07

INICT	01	CT	$\overline{}$	
INST	ĸ		ı	NS

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

	R AGAINST WHOM CHARGE IS BROL	
Name of Employer odexho		b. Number of workers employed 200
Address (Street, city, state, and ZIP code) 10400 Fernwood Road Bethesda, MO. 20817	d. Employer Representative Wayne McHan General Manager	e. Telephone No. (843)228-2833 Fax No.
Type of Establishment (factory, mine, wholesaler, etc.) and service	g. Identify principal product or service food service	
h. The above-named employer has engaged in and is engaged in an and is engaged in an another engaged in an		eaning of section 8(a), subsections (1) of the National Labor Relations Act,
Basis of the Charge (set forth a clear and concise statem nee on or about (b) (6), (b) (7)(C) 2007, the above-named	경기 이 가는 것이 되었다. 그 아이를 가는 것이 없는 것이 없는 것이다.	
By the above and other acts, the above-named employer Section 7 of the Act.		
Section 7 of the Act. Full name of party filing charge (if labor organization, give (6), (b) (7)(C)		or)
Section 7 of the Act. Full name of party filing charge (if labor organization, give (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)		4b. Telephone No. (b) (6), (b) (7)(C)
Section 7 of the Act. Full name of party filing charge (if labor organization, give) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)		4b. Telephone No.
Acceptance of the contract of	of which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () -
Section 7 of the Act. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) Ta. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Ta. Full name of national or international labor organization (organization)	e full name, including local name and numbe	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () - to be filled in when charge is filed by a labor

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case Date Filed		
11-CA-21479	3/2/07	

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGA	AINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
True Behavioral Health Care		@50
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
708 Chestnut St., Gastonia, NC 28054	John Weatherford, HR Manager	(704)842.6354 Fax No.
		Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
day program	community sup	nort services
h. The above-named employer has engaged in and is engaging in u		
subsections)	of the National Labor Relations Act, and these	unfair labor practices are unfair
2. Basis of the Charge (set forth a clear and concise statement of the	he facts constituting the alleged unfair labor prac	ctices)
officers, agents and representatives suspended and protected concerted activities. By the above and other acts, the above-named employer has into		
guaranteed in Section 7 of the Act.		
3. Full name of party filing charge (if labor organization, give full	i name, including local name and number)	
(b) (6), (b) (7)(C)		T.
4a. Address (street and number, city, state, and ZIP code)		4b. Telephone No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
 Full name of national or international labor organization of white organization) 		in when charge is filed by a labor
I declare that I have read the above charge and to (b) (6), (b) (7)(C) (signature of representative or person making charge)	i. DECLARATION that the statements are true to the best of my k	an Individual (title if any)
Address (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	4 2-28-07
Address _(b) (6), (b) (7)(C)	(Telephone No.)	(date)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case 11-CA-21480	Date Filed 3/5/07	

INSTRI	

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

EMPLOYER AGAI	INST WHOM CHARGE IS BROUGHT		
a. Name of Employer		b. Number of workers employed	
United States Postal Service		40	
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.	
99 Rutherford Rd., Candler, NC 28715	Mike Goforth, Postmaster	828.667.4470	
		Fax No.	
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or servi	ce	
postal facility		ute mail	
	ct, and within the meaning of the Postal Reorg	anization Act.	
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged unfair labor pr	actices)	
Since on or about (b) (6), (b) (7)(C) 2007, the above-nar	ned Employer, by its officers, ager	nts and representatives.	
informally counseled, harassed and intimidated (b) (c	6), (b) (7)(C) because of (b)(6), (b)	ed concerted activities	
T 7 2007 -10	MARINATA GRAINING	Diller bouce	
ON OR ABOUT JANUARY 8, 2007 THE REENTS AND REPRENTATIVES, INFORM DISCUSS TERMS OF CONDITIONS OF C DN OR ABOUT (b) (6), (b) (7)(C) 2007, T	MOUVE NAMED CAN COUSE	WALL OF CONTROL	
bents and repreutatives, inform	THE CHINANT IN OFFICE	A COCH IN COLOCK	
DISCUSS TERMS OF CONDITIONS OF G	EMPLOY INC. 19 SILVE	01.00 0. 1== 00-0	
DN DR ABOUT (0) (0), (0) (1)(0) 2007, T	HE UBOUT MUMED EULA	cover by his and	
HEEDT AND REPRESENTATIVES, IN (INTIMIDATED (b) (6), (b) (7)(C) B	FORMALLY HARAGED CO	ONGELED AND	
(b) (6) (b) (7)(C) a	CONCERNO	TED ACTIVITIES	
INTIMIDATED (D) (D) (T) (C) B	ECHOSE A		
	e de la companya de l	and to the eventer of the pights	
By the above and other acts, the above-named employer has integer and a section 7 of the National Labor Relations Act.	riered with, restrained, and coerced employ	vees in the exercise of the rights	
3. Full name of party filing charge (if labor organization, give full	name, including local name and number)		
(b) (6), (b) (7)(C)	A STATE OF THE STA		
4a. Address (street and number, city, state, and ZIP code)		4b. Telephone No.	
		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which	h it is an offiliate or constituent unit (to be fille		
organization)	it it is an armate of constituent unit (10 0e) me	tu in when that ge is fried by a nabo.	
organizationy			
6			
0.	DECLARATION		
I declare that I have read the above charge and th	DECLARATION at the statements are true to the best of my	knowledge and belief.	
I declare that I have read the above charge and the	DECLARATION at the statements are true to the best of my	knowledge and belief.	
I declare that I have read the above charge and the $(b)(6),(b)(7)(C)$	DECLARATION at the statements are true to the best of my	knowledge and belief. Individual	
χ (b) (6), (b) (7)(C)	DECLARATION at the statements are true to the best of my		
By (b) (6), (b) (7)(C) (signature of representative or person making charge)	at the statements are true to the best of my	Individual (title if any)	
$\sqrt{(b)(6),(b)(7)(C)}$	DECLARATION at the statements are true to the best of my (b) (6), (b) (7)(C) (Telephone No.)	Individual	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
11-CA-21493	3/13/07	

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

. Name of Employer		b. Number of workers employed	
Pawnmart		approx. 5	
Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.	
400 Atlantic Blvd., Suite 190, Norcross, GA 30071	Human Resources	678.720.0660 Fax No.	
		Pax No.	
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or serv	vice	
retail shop pawnin		g services	
The above-named employer has engaged in and is engaging in unisubsections) of the National Labor Relations Act the meaning of the Act.	fair labor practices within the meaning of se tt, and these unfair labor practices are unfair		
. Basis of the Charge (set forth a clear and concise statement of the	facts constituting the alleged unfair labor p	practices)	
By the above and other acts, the above-named employer has inter waranteed in Section 7 of the Act.	rfered with, restrained, and coerced emplo	oyees in the exercise of the rights	
		oyees in the exercise of the rights	
uaranteed in Section 7 of the Act.			
uaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full n		oyees in the exercise of the rights 4b. Telephone No.	
uaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full no) (6). (b) (7)(C) a. Address (street and number, city, state, and ZIP code) (b) (6). (b) (7)(C)	name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)	
puaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full not) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization of which organization) 6.	name, including local name and number) it is an affiliate or constituent unit (to be fil	4b. Telephone No. (b) (6), (b) (7)(C) led in when charge is filed by a labor	
puaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full not) (6). (b) (7)(C) a. Address (street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization of which organization) 6. (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	name, including local name and number) it is an affiliate or constituent unit (to be fil	4b. Telephone No. (b) (6), (b) (7)(C) led in when charge is filed by a labor	
puaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full not) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization of which organization) 6.	name, including local name and number) it is an affiliate or constituent unit (to be fil	4b. Telephone No. (b) (6), (b) (7)(C) (led in when charge is filed by a labor y knowledge and belief.	

UNITED STATES AMERICA NATIONAL LABOR REDATIONS BOARD CHARGE AGAINST EMPLOYER

-	FORM EXEMPT U	NDER 44 U.S.C 3512
DC T W	RITE IN THIS SE	PACE
	Date Filed	3/13/07

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

Case

11-CA-21494

. Name of Employer	AGAINST WHOM CHARGE IS BROU	
reightliner Custom Chassis Corporation		b. Number of workers employed 700
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
52 Hyatt Street, Gaffney, SC 29341	Mark Dolan,	(864)487-1700
·	HR Manager	Fax No.
Type of Establishment (factory, mine, wholesaler, etc.) tory	g. Identify principal product or service truck chassis	18.7
 The above-named employer has engaged in and is eng and (list subsections) (3) 	aging in unfair labor practices within the mea	ning of section 8(a), subsections (1) of the National Labor Relations Act
and these unfair labor practices are practices affecting	commerce within the meaning of the Act.	
By the above and other acts, the above-named employer h	as interfered with, restrained, and coerced emp	loyees in the exercise of the rights guaranteed i
Section 7 of the Act. Full name of party filing charge (if labor organization, give		
Section 7 of the Act. Full name of party filing charge (if labor organization, give (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)		4b. Telephone No. (b) (6), (b) (7)(C) Fax No.
Section 7 of the Act. Full name of party filing charge (if labor organization, give (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of	full name, including local name and number,	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () -
Section 7 of the Act. Full name of party filing charge (if labor organization, give (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of ganization)	full name, including local name and number,	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () - be filled in when charge is filed by a labor
Section 7 of the Act. Full name of party filing charge (if labor organization, give (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of ganization) (b) (6), (b) (7)(C) the above charge (b) (6), (6),	which it is an affiliate or constituent unit (to a feet of the constituent to the and that the statements are true to the	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () - be filled in when charge is filed by a labor best of my knowledge and belief. an Individual

INTERNET PORM NURB-501 (11-94)

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C. 351		
DO NOT WRITE IN THIS SPACE			
Crise 11-CA-21514	Date Filed 4/03/07		

INST		

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

occurred or is occurring.	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer,	The state of the s	b. Number of Workers Employed
Exercise of the state of the st	d. Employer Representative Rick Klinedinst	B. Telephone No. 704-645-5000/32 Fax No.
t. Type of Establishment (factory, mine, wholesafer, etc.) Lass Truck Magnitus (Luver) h. The above-named employer has engaged in and is engaging in u subsections) S(a)(3) 4 8 (c)(5) practices are unfair practices affecting commerce within the mea	of the National Labor Rela), subsections (1) and (fist stions Act, and those units labor
2. Basis of the Charge (set forth a clear and concise statement of the		J
1. Employer has refused a Local 3520 to secure a		with UNW
2. Employer has threat	tened to discipline	e the remaining
comployees in the plant line if they walk ou	who are not alread	y on the picket
3. Employer has already		
engaging in Union activ	ritles.	
4. The Employer has I	refused to allow a	emploxees
So leave the Plant wio	WOUT Shiplants of Interfered with, restrained, and coerced employed	er In the exercise of the rights
(b) (6), (b) (7)(C) zetion, give full nem 4a. Address (street and number, city, State, and ZIP Code)	ne, including local name and number)	Ab Telephone No
(b) (6), (b) (7)(C)		b) (6), (b) (7)(C)
5. Full name of national of international labor organization of which i	it is an amiliate or constituent unit (to be med in when	chargs is filed by a labor organization)
(b) (6), (b) $(7)(C)$	6. DEGLARATION If that the statements are true to the best of my kn	ndividual
(Signature of representative or person making charge) Address (b) (6), (b) (7)	(C) Fax No	(77the,treny) 4/3/07 Date
WILLFUL PALSE STATEMENTS ON THIS CHARGE CAN BI	E PUNISHED BY FINE AND IMPRISONMENT (U.S.	

UNITED STATES NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

		FORM EXEMPT UNDER 44 U.S.C 3512
DO	NO	T WRITE IN THIS SPACE

Case

Date Filed

11-CA-21531

/ /4/23/07

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File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

	R AGAINST WHOM CHARGE IS BROU	
Name of Employer Iton Piester Trucking		b. Number of workers employed 14
Address (Street, city, state, and ZIP code)	d. Employer Representative Alton Piester	e. Telephone No. (803)276-7556
ewberry SC 29108-	Flester	Fax No.
Type of Establishment (factory, mine, wholesaler, etc.) cking company	g. Identify principal product or service sand and lime	
 The above-named employer has engaged in and is er and (list subsections) 		aning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor practices are practices affecting Basis of the Charge (set forth a clear and concise staten		labor practices)
By the above and other acts, the above-named employer Section 7 of the Act.		
Section 7 of the Act. Full name of party filing charge (if labor organization, given (6), (b) (7)(C)	ve full name, including local name and number	7
	ve full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C) Cell
Section 7 of the Act. Full name of party filing charge (if labor organization, given (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C)	ve full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C) Cell Fax No. () -
Section 7 of the Act. Full name of party filing charge (if labor organization, given (6), (b) (7)(C) A. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization reganization)	of which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6), (b) (7)(C) Cell Fax No. () - be filled in when charge is filed by a labor
Section 7 of the Act. Full name of party filing charge (if labor organization, given (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization ganization)	ve full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C) Cell Fax No. () - be filled in when charge is filed by a labor

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

Case 11-CA-21537

Date Filed 4/23/07

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CHARGE AGAINST EMPLOYER

	R AGAINST WHOM CHARGE IS BROU	
Name of Employer wo Hawk Employment Services		b. Number of workers employed
Address (Street, city, state, and ZIP code)	d. Employer Representative Harvey	e. Telephone No. (910)738-3014
umberton NC 28560-	Godwin	Fax No. (910)738-2819
Type of Establishment(factory, mine, wholesaler, etc.) uployment agency	g. Identify principal product or service labor	
h. The above-named employer has engaged in and is eng and (list subsections) and these unfair labor practices are practices affecting	4.0.2 % 0.00 400 000 000 000 000 000	aning of section 8(a), subsections (1) of the National Labor Relations Act,
Basis of the Charge (set forth a clear and concise stateme		THE CONTRACT OF
By the above and other acts, the above-named employer h Section 7 of the Act.		
Section 7 of the Act. Full name of party filing charge (if labor organization, give (6), (b) (7)(C)		n
Section 7 of the Act. Full name of party filing charge (if labor organization, give (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)		4b. Telephone No. (b) (6), (b) (7)(C)
Section 7 of the Act. Full name of party filing, charge (if labor organization, give (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C)		4b. Telephone No.
Section 7 of the Act. Full name of party filing charge (if labor organization, give (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of	of which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () -
Section 7 of the Act. Full name of party filing charge (if labor organization, give (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization or reganization) (b) (6), (b) (7)(C) (c) (6), (b) (7)(C) (d) (6), (b) (7)(C) (e) (6), (b) (7)(C) (f) (6), (b) (7)(C) (g) (6), (b) (7)(C) (h)	of which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () - to be filled in when charge is filed by a labor
Section 7 of the Act. Full name of party filing charge (if labor organization, give (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization organization)	of which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () - be filled in when charge is filed by a labor be best of my knowledge and belief. an Individual

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case 1196A-721555 Date Filed 75/11/07

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice

ccurred or is occurring. 1. EMPLOYER	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer (15 Postal Service		b. Number of Workers Employed
c. Address (street, city, state, ZIP, Code) 2901 Scott Futtre 11 Chaurlotte, NC 28800	Scott Raymond	e. Telephone No. 704 3934444 Fax No.
Type of Establishment (factory, mine, wholesaler, etc.) May Old CLSING. h. The above-named employer has engaged in and is engaging in a	g. Identify Principal Product or Service Moul Infair tabor practices within the meaning of Section 8(a)	, subsections (1) and (list
practices are unfair practices affecting commerce within the mea	of the National Labor Relationing of the Act.	tions Act, and these unfair labor
Management gave me (b) (6), (b) (7)(C) 2006 cu	a 7-day suspense ting a Letter of T	on on Warning dated
Lam aware of no surgiven a 7-day suspen	ch Letter Hours	ever, I was
Seven-Day Suspension	was issued for an	. Awo Land a
previous letter of war, issuing the 7-day. The was expunded and the	he premous letter	I warning
was expunded and the there was to cause for bettlement was entered into by the above and other acts, the above rapped employer has guaranteed in Section 7 of the Act.	bu the Union and amount of such.	management on sin the exercise of the rights
(b) (6), (b) (7)(C)	me, including local name and number)	lls Tolonbara Va
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C) Fax No.
 Full hame of national or international labor organization of which 	it is an affiliate or constituent unit (to be filled in when of	charge is filed by a labor organization)
By _ (b) (6), (b) (7)(C) Ge and (c)	d that the statements are true to the best of my kin	• 1
Address (b) (6), (b) (7	(b) (6), (b) (7)	(C) 5/9/07

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

. 4	DO NOT WRIT	TE IN THIS SPACE
Case	11-CA-21573	Date Filed 5/29/07

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST V	VHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
String Beans Barbecue		20+
c. Address (street, city, state, ZIP code) 170/ Smain 5+ Kannaphio	d. Employer Representative ROUMAN SHOPPING	e. Telephone No. 704 933 8808 Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
restaurant	services/pro	
h. The above-named employer has engaged in and is engaging in unfair la subsections) practices affecting commerce within the meaning of the Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts Since on or about (b) (6), (b) (7)(C) (c) (c) (d) (d) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	National Labor Relations Act, and these constituting the alleged unfair labor pro- nployer, through its officers, ag	unfair labor practices are unfair
By the above and other acts, the above-named employer has interfered guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full name, (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code)		es in the exercise of the rights 4b. Telephone No.
(b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is a organization) 6. DECI I declare that I have read the above charge and that the By (b) (6), (b) (7)(C)	ARATION statements are true to the best of my k	
Addr	(b) (6), (b) (7)(C) (Telephone No.)	_ \square 5-24-07 (date)

FORM EXEMPT UNDER MEDIA C 3512

FORM NLKE-501 (11-88)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

Case 11-CA-21587 Dute Filed 6/12/07

INSTRUCTIONS:

	ANST WHOM CHARGE IS BROUGHT	
Name of Employer		b. Number of workers employed
Bank of America		aprx. 500
Address (street, city, state, ZIP code)	d. Employer Representative KIM REAMS	336 8 0 5 8 8 7 5
Greensboro, NC 27410	Stephanie Rowell	3368658647
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
 The above-named employer has engaged in and is engaging in un subsections) practices affecting commerce within the meaning of the Act. 		m Rtal, subsections (1) and that
On or about (b) (6), (b) (7)(C) because (10)(10)(10)(C) because	ployer, through its officers, agents	s and representatives,
	rfered with, restrained, and coerced employee	es in the exercise of the rights
guaranteed in Section 7 of the Act. B. Full name of party filing charge (if labor organization, give full).		es in the exercise of the rights
suaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full to (6), (6), (7)(C)		es in the exercise of the rights 4b. Telephone No.
suaranteed in Section 7 of the Act. B. Full name of party filing charge (if labor organization, give full b) (6), (b) (7)(C) A. Address (street and number, cay, state, and ZIP code)		
tuaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full b) (6), (b) (7)(C) Address istreet and number, cuty state, and ZIP code) b) (6), (b) (7)(C)	name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
paranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full b) (6), (b) (7)(C) A Address (street and number, cuty, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization of which organization)	name, including local name and number) In it is an allihiste or constituent unit to be filled.	4b. Telephone No. (b) (6), (b) (7)(C)
	name, including local name and number) It is an affiliate or constituent unit to be filled. DECLARATION	4b. Telephone No. (b) (6), (b) (7)(C) in when charge is filed in a labor towledge and belief.
b) (6), (b) (7)(C) a. Address istreet and number, city, state, and ZIP code) b) (6), (b) (7)(C) c. Full name of national or international labor organization of which organization) 6.	name, including local name and number) It is an affiliate or constituent unit to be filled. DECLARATION	4b. Telephone No. (b) (6), (b) (7)(C) in when charge is filed in a labor

INTERNET FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

-	more and	· · ·	44.86		0040
FURM	EXEMPT	UNDER	44 U.	3.C.	3012

DO NOT WR	ITE IN THIS SPACE
Case 11-CA-21600	Date Filed 6/22/07

NST		

Name of Employer Vestern Carolina Medical Associates Address (street, city, State, ZIP, Code) 41 Sixth Avenue West		
Address (street, city, State, ZIP, Code) 41 Sixth Avenue West		b. Number of Workers Employed
41 Sixth Avenue West		Approximately 15
The transfer of the control of the c	d. Employer Representative	e. Telephone No. (828) 694-7630
Hendersonville, North Carolina 28793	Sandra Hund, Director	Fax No. (828) 694-7631
Type of Establishment (factory, mine, wholesaler, etc.) Medical Practice	g. Identify Principal Product or Service Medical Services	
The above-named employer has engaged in and is engaging in subsections) (3) practices are unfair practices affecting commerce within the m	of the National L	ection 8(a), subsections (1) and (list abor Relations Act, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of Within the past six-month period, specifically on or		
because of protected, concerted activities.		
	9	
		-1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	as interfered with, restrained, and coerced	employees in the exercise of the rights
By the above and other acts, the above-named employer he		
guaranteed in Section 7 of the Act.		AL DESCRIPTION OF THE PROPERTY
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full r	name, including local name and number)	
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full to b) (6), (b) (7)(C)	name, including local name and number)	
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full r	name, including local name and number)	4b. Telephone No.
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full to b) (6), (b) (7)(C)	name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C) Fax No.
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full to b) (6), (b) (7)(C) 4a. Address (street and number, city, State, and ZIP Code)		(b) (6), (b) (7)(C) Fax No.

(Signature of representative or person making charge)

(b)

(6),

An Individual

(Telephone No.)

(Title,if any)

June 14, 2007

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRI	TE IN THIS SPACE
Case 11-CA-21607	Date Filed 7/02/07

INSTR	

2. Alama af Parisharah	AINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
String Beans Barbeque		20+
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
1701 S. Main St., Kannapolis, NC 28081	Raymond Stafford	704-933-8808
4. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or ser	
restaurant h. The above-named employer has engaged in and is engaging in u		provide food
subsections) practices affecting commerce within the meaning of the Act.	of the National Labor Relations Act, and th	
2. Basis of the Charge (set forth a clear and concise statement of the	he facts constituting the alleged unfair labor p	practices)
J.		
*		
By the above and other acts, the above-named employer has into guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full)		oyees in the exercise of the rights
guaranteed in Section 7 of the Act, 3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(c)		
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code)		4b. Telephone No.
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full (0) (6), (b) (7)(C)	l name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which organization)	I name, including local name and number) ch it is an affiliate or constituent unit (to be fi	4b. Telephone No. (b) (6), (b) (7)(C) Illed in when charge is filed by a labor
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(c) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(c) 5. Full name of national or international labor organization of which organization) 6. I declare that I have read the above charge and the labor (b) (6), (b) (7)(c)	I name, including local name and number) ch it is an affiliate or constituent unit (to be fine) DECLARATION hat the statements are true to the best of m	4b. Telephone No. (b) (6), (b) (7)(C) Illed in when charge is filed by a labor by knowledge and belief.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case 11-CA-21610	Date Filed 7/3/07	

INSTI	RUC	FIONS	١.

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

a. Name of Employer	IAINST WHOM CHARGE IS BROUGHT	b. Number of workers employed
Dodson Management Company, d/b/a Colonial Inn		30
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
	Tim Dolan, Manager	336/342-0341
2100 Barnes St., Reidsville, NC 27320	Tilli Dolali, Manager	Fax No.
		14.710.
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or serv	rice
motel		
The above-named employer has engaged in and is engaging in subsections)	unfair labor practices within the meaning of sec_ of the National Labor Relations Act, and the	
practices affecting commerce within the meaning of the Act. Basis of the Charge (set forth a clear and concise statement of	the facts constitution the alleged surfain labor p	wantians
•		
guaranteed in Section 7 of the Act.		oyees in the exercise of the rights
guaranteed in Section 7 of the Act.		oyees in the exercise of the rights
 guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full) (b) (6), (b) (7)(C) 		
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full) (6), (b) (7)(C)		oyees in the exercise of the rights 4b. Telephone No.
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	ill name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
 guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization of whorganization) 	ill name, including local name and number) ich it is an affiliate or constituent unit (to be file	4b. Telephone No. (b) (6), (b) (7)(C)
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of whorganization)	all name, including local name and number) ich it is an affiliate or constituent unit (to be file 6. DECLARATION	4b. Telephone No. (b) (6), (b) (7)(C) led in when charge is filed by a labor
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of whorganization)	all name, including local name and number) ich it is an affiliate or constituent unit (to be file 6. DECLARATION	4b. Telephone No. (b) (6), (b) (7)(C) led in when charge is filed by a labor
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of whorganization) (b) (6), (c) (declare that I have read the above charge and companization)	all name, including local name and number) ich it is an affiliate or constituent unit (to be file 6. DECLARATION	4b. Telephone No. (b) (6), (b) (7)(C) led in when charge is filed by a labor
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of whorganization) 1. declare that I have read the above charge and (b) (6), (6), (7)(C)	all name, including local name and number) ich it is an affiliate or constituent unit (to be file 6. DECLARATION that the statements are true to the best of my	4b. Telephone No. (b) (6), (b) (7)(C) led in when charge is filed by a labor y knowledge and belief.
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of whorganization) (b) (6), (b) (7)(C) (c) (declare that I have read the above charge and the ab	all name, including local name and number) ich it is an affiliate or constituent unit (to be file 6. DECLARATION that the statements are true to the best of my	4b. Telephone No. (b) (6), (b) (7)(C) led in when charge is filed by a labor y knowledge and belief. Individual (title if any)

INTERNET FORM NLRB-501 (6-07)

FORM EXEMPT UNDER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case Date Filed		
11-CA-21612 7/6/07		

INSTRUCTIONS: File an original together with four copies and a copy for each additional charged

	YER AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer UNITED STATES POSTAL SERVICE		b. Number of workers employed 500+	
c. Address (Street, city, state, and ZIP code) 1 FLORETTA PL. RALEIGH, NC. 27676 d. Employer Representative Denise Porter, plant manager		e. Telephone No. 919-420-5106 Fax No.	
f. Type of Establishment(factory, mine, wholesaler, etc.) PROCESSING & DISTRIBUTION	g. Identify principal product or service mail		
 The above-named employer has engaged in and is enand (list subsections) unfair labor practices are practices affecting commerce commerce within the meaning of the Act and the Post 	ce within the meaning of the Act, or these unfair la	of the National Labor Relations Act, and these	
3. Full name of party filing charge (if labor organization, given	ve full name, including local name and number)		
(b) (6), (b) (7)(C)			
4a. Address (Street and number, city, state, and ZIP code)		4b. Telephone No. (b) (6), (b) (7)(C)	
4a. Address (Street and number, city, state, and ZIP code) 5. Full name of national or international labor organization organization)		(b) (6), (b) (7)(C) Fax No.	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 11-CA-21628	Date Filed 7/24/07

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

a. Name of Employer		b. Number of workers employe
Stanley Furniture Co., Inc.		900
Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
541 Fairystone Park Hwy.	Larry Turner, Human Resources	276-627-2000
anleytown, VA 24168	Manager	Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
Factory	Furnit	ure
The above-named employer has engaged in and is engaging in	unfair labor practices within the meaning of sectio	n 8(a), subsections (1) and (list
subsections)	of the National Labor Relations Act, and these	unfair labor practices are unfair
en or about (b) (6), (b) (7)(c) 2007, the above-named estallation for protected concerted activities.		(C) in
granteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full) (6), (b) (7)(C)		
y the above and other acts, the above-named employer has in taranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full (b) (7)(C) Address (street and number, city, state, and ZIP code)		4b. Telephone No.
Full name of party filing charge (if labor organization, give full (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) (6), (b) (7)(C)	ull name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization, give full name of party filing charge (if labor organization, give full (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) Full name of national or international labor organization of whorganization) I declare that I have read the above charge and	all name, including local name and number) sich it is an affiliate or constituent unit (to be filled	4b. Telephone No. (b) (6), (b) (7)(C) in when charge is filed by a labor
Full name of party filing charge (if labor organization, give full name of party filing charge (if labor organization, give full (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of whorganization) I declare that I have read the above charge and	all name, including local name and number) sich it is an affiliate or constituent unit (to be filled) 6. DECLARATION that the statements are true to the best of my kn	4b. Telephone No. (b) (6), (b) (7)(C) in when charge is filed by a labor nowledge and belief.

FORM EXEMPT UNDER 44 U.S.C. 3512

OO NOT WRITE IN THIS SPACE

Case 11-CA-21670 **Date Filed** 8/27/07

INSTRUCTIONS:

1. EMPLOY	ER AGAINST WHOM CHARGE IS BROUGH	AT
a. Name of Employer United States Postal Service		b. Number of Workers Employed ~2000
c. Address (street, city, State, ZIP, Code)	d. Employer Representative	e. Telephone No.
2901 Scott Futrell	C. Raymond, Postmaster	704-393-4444
Charlotte, NC 28228	C. Raymond, Fostmaster	Fax No.
Type of Establishment (factory, mine, wholesaler, etc.) g. Identify Principal Product or Service- Mail Delivery Mail Delivery		•
 The above-named employer has engaged in and is engaging subsections) 5 practices are unfair practices affecting commerce within the 	of the Nationa	Section 8(a), subsections (1) and (list at Labor Relations Act, and these unfair labor
I transferred to Charlotte, NC on (b) (c) worked at the AMC. I returned to the GM Supervisor (b) (6), (b) (7)(C) ssued me a Let The issuing supervisor failed to conduct a to The issuing supervisor was instructed by a related discipline. The issuing supervisor states that gave in The issuing supervisor cites dates prior to to The issuing supervisor cites dates from an of the issuing supervisor cites dates that were the issuing supervisor cites dates that were	ter of Warning in late 2 ss merit. horough investigation higher level official (b) (6), (c) ne an Official Discussion on (b) he (b) (c), (b) (7)(c) he (c) (c), (b) (7)(c) On-the-Job-Injury.	007 for attendance.
By the above and other acts, the above-named employer hi guaranteed in Section 7 of the Act.	as interfered with, restrained, and coerced	l employees in the exercise of the rights
Full name of party filling charge (if labor organization, give full in b) (6), (b) (7)(C)	name, including local name and number;	
b) (6), (b) (7)(C)		(b) (6), (b) (7)(C) Fax No.
. Full name of national or international labor organization of which	h it is an affiliate or constituent unit (to be fille	d in when charge is filed by a labor organization)
(b) (6), (b) (7)(C)		
(Signature or representative or person making charge	Fay Ma	(Title,if any)
(b) (6), (b) (7)(C)	(b) (b), (b) (7)	8/26/27
Address	Telen	frome No.) Date

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
11-CA-21678	9/5/07	

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item I with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

a. Name of Employer	INST WHOM CHARGE IS BROUGHT	
		b. Number of workers employed
Richland Pines		approx. 25
c. Address (street, city, state, ZIP code) •	d. Employer Representative	e. Telephone No.
651 Polo Rd.	Barbara Rauch, Regional Manager	803-419-0977
Columbia, SC 29223		803-419-0977
		Fax No. 803-699-0729
		E 200 C 1011 1010 1111
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
Nursing facility Nursing		
 h. The above-named employer has engaged in and is engaging in unsubsections) of the National Labor Relations Act, and these Act, or these unfair labor practices are unfair practices affecting or the control of the National Labor Practices affecting or the control of the National Labor Practices are unfair practices affecting or the control of the National Labor Practices affecting or the Control of the National Labor Practices affecting or the National Labor Practices affect	e unfair labor practices are practices affecting co	mmerce within the meaning of the
protected concerted activities.		
(b) (6), (b) (7)(C)	name, including local name and number)	
(b) (6), (b) (7)(C)	name, including local name and number)	4b. Telephone No
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(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code)	name, including local name and number)	
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INTERNET FORM NLRB-501 (9-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

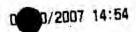
DO NOT WRITE IN THIS SPACE		
Case Date Filed		Date Filed
	11-CA-21680	9/6/07

INCTO	I I COT	MAIC.

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

Lawrence II also be latest and Campage Inc.		b. Number of workers employed
Hornsby Rehabilitation Services Inc.		Approximately 15 - 20
ddress (Street, city, state, and ZIP code) 35 Jim Berry Road ranklin, North Carolina 28734	d. Employer Representative Thomas Marion ("Matt") Horrnsby	e. Telephone No. (828) 369-7878 Fax No.
pe of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	(828) 369-8096
and (list subsections)	rce within the meaning of the Act, or these unfair labor	National Labor Relations Act, and thes
	ement of the facts constituting the alleged unfair labor p	racticael
ull name of party filing charge (if labor organization, g	ive full name, including local name and number)	
Address (Street and number, city, state, and ZIP code		4b. Telephone No. (b) (6), (b) (7)(C)(Ceil)
Address (Street and number, city, state, and ZIP code $(6), (b), (7)(C)$) ————————————————————————————————————	(b) (6), (b) (7)(C)(Cell) Fax No. None
Address (Street and number, city, state, and ZIP code $(6), (b), (7)(C)$	n of which it is an affiliate or constituent unit (to be filled	(b) (6), (b) (7)(C)(Cell) Fax No. None
Address (Street and number, city, state, and ZIP code O) (6), (b) (7)(C) Tull name of national or international labor organization inization) N/A	n of which it is an affiliate or constituent unit (to be filled 6. DECLARATION rge and that the statements are true to the best of	(b) (6), (b) (7)(C)(Cell) Fax No. None In when charge is filed by a labor

(b) (6), (b) (7)(C)



P. 001/002

PORM NURB-501 (11-88)

United States of America National Labor relations board Charge against employer

FORM EXEMPT UNDER 44 U.S.C. 3111

DO NOT WRITE	E IN THIS SPACE
Case +	Date Filed
11-CA-21686	9/10/07

INSTRUCTIONS:

	INST WHOM CHARGE IS BROUGHT	
Name of Employer		b. Number of workers employed
Temple-Inland		300+
Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
29 Zenker Rd Lexington, SC 29072	Doug Shiver	803-359-5101
		Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or ser	vice
Factory	manufac	turing boxes
of the above-named employer has engaged in and is engaging in the subspections) of the affecting commerce within the meaning of the Act. Basis of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the charge (set forth a clear and concise statement of the charge (set forth a clear and concise statement of the charge (set forth a clear and concise statement of the charge (set forth a clear and concise statement of the charge (set forth a clear and concise statement of the charge (set forth a clear and concise statement of the charge (set forth a clear and concise statement of the charge (set forth a clear and concise statement of the charge (set forth a clear	to National Labor Relations Act, and these us to facts constituting the alleged unfair labor p Employer, through its officers.	this labor practices are unflir practices practices; agents and representatives.
	eriered with, restrained, and coerced empl	oyees in the exercise of the rights
unranteed in Section 7 of the Act		oyers in the exercise of the rights
By the above and other acts, the above named employer has into nonrauteed in Section 7 of the Act. Full name of party filling charge (if labor organization, give full b) (6), (b) (7)(C)		ayers in the exercise of the rights
gunranteed in Section 7 of the Act		4b. Telephone No.
consusteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full b) (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	name, tretuding local nume and number)	4b. Telephone No. (b) (6), (b) (7)(C)
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(Telephone No.) (date)
WILLPUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1081) I.O.

FORM EXEMPT UNDER 44 U.S.C. 3512

FORM NLRB-501 (06-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

TE IN THIS SPACE	
Date Filed	
9/13/07	
	Date Filed

ST			

File an original together with four copies and a copy for each additional charged party named in item I with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

	NINST WHOM CHARGE IS BROUGHT	T
a. Name of Employer		b. Number of workers employed
Fontaine Modification		30-40
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.704 391 1355
9827 Mount Holly Road, Charlotte, NC 28130	Jim Van Winkle, President	Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	ce ce
plant	modify	trucks
h. The above-named employer has engaged in and is engaging in usubsections) affecting commerce within the meaning of the Act, or these unfact and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the Since on or about 2007, the Employer, the Employer, the Employer of	of the National Labor Relations Act, and thes air labor practices are unfair practices affecting	the unfair labor practices are practices commerce within the meaning of the actices)
	d.	
 Full name of party filing charge (if labor organization, give full) 	name, including local name and number)	
	! name, including local name and number)	(b) (6), (b) (7)(G)
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code)	name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code)	,	Fax No.
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(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which organization) (b) (6), (b) (7)(c) (at 1 have r(b) (b), (b) (7)(c) (c) (d)	ch it is an affiliate or constituent unit (to be fille). DECLARATION hat the statements are true to the best of my	Fax No. d in when charge is filed by a labor knowledge and belief.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

IN THIS SPACE
Date Filed '9/14/07

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the

	NST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
Triad Cafeteria at Forsyth Medical Center		50
Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
3333 SIlas Creek Parkway, Winston-Salem, NC 27103	Lori Madden	336.718.5000
		Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or ser	rvice
Cafeteria	Food	d Services
of the National Labor Relations Act, meaning of the Act, or these unfair labor practices are unfair practices. Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the Concise statement) (b) (6), (b) (7)(C) 2007, the above-name of the Concise of the Concerted action (b) (6), (b) (7)(C) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	facts constituting the alleged unfair labor	practices)
	name, including local name and number)	±
 Full name of party filing charge (if labor organization, give full r (6). (b) (7)(C) Address (street and number, city, state, and ZIP code) 	name, including local name and number)	4b. Telepirone
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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE	
Case	Date Filed	
11-CA-21700	9/19/2007	

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

a. Name of Employer		b. Number of workers employed
Holiday Inn Express		10+
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.(336) 778-
620 Amp Drive, Clemmons, NCV 27102	Charlotte Dillinger, General Mgr.	1500
		Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
hotel	guest ser	
h. The above-named employer has engaged in and is engaging in subsections) affecting commerce within the meaning of the Act, or these un Act and the Postal Reorganization Act.	of the National Labor Relations Act, and these fair labor practices are unfair practices affecting c	unfair labor practices are practices ommerce within the meaning of the
. Basis of the Charge (set forth a clear and concise statement of t	the facts constituting the alleged unfair labor prac	rtices)
 Full name of party filing charge (if labor organization, give full) 	Il name, including local name and number)	
 Full name of party filing charge (if labor organization, give full) 	Il name, including local name and number)	
b) (6), (b) (7)(C)	ll name, including local name and number)	4b. Telephone No
b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code)	ll name, including local name and number)	4b. Telephone No
b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code)	ll name, including local name and number)	4b. Telephone No
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of white organization) I declare that I have read the above charge and	ich it is an affiliate or constituent unit (to be filled 5. DECLARATION	Fax No. in when charge is filed by a labor nowledge and belief.
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of white organization)	ich it is an affiliate or constituent unit (to be filled 5. DECLARATION that the statements are true to the best of my ki	Fax No. in when charge is filed by a labor
b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of white organization) I declare that I have read the above charge and the labor of the l	ich it is an affiliate or constituent unit (to be filled 5. DECLARATION that the statements are true to the best of my ki	Fax No. in when charge is filed by a labor mowledge and belief. Individual

INTERNET FORM NLRB-501 (9-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

1.1	DO NOT WRIT	E IN THIS SI	PACE
Case	11-CA-21703	Date Filed	9/21/07

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

	OYER AGAINST WHOM CHARGE IS BROUGH	
. Name of Employer Stacie Lynn Wilson t/a Stacie's Personal Care S	ervice	b. Number of workers employed 100 (approx.)
Address (Street, city, state, and ZIP code) 355 Foxfire Ridge Road Leicester, NC 28748	d. Employer Representative Stacie Lynn Wilson	e. Telephone No. 828-649-9014 Fax No.
		828-649-3467
Type of Establishment (factory, mine, wholesaler, etc.) Home health care service provider	 g. Identify principal product or service Home health services 	
The above-named employer has engaged in and is and (list subsections) unfair labor practices are practices affecting comme commerce within the meaning of the Act and the Po	erce within the meaning of the Act, or these unfa	of the National Labor Relations Act, and thes
Basis of the Charge (set forth a clear and concise state	ement of the facts constituting the alleged unfair	labor practices)
3. Full name of party filing charge (if labor organization, (b) (6), (b) (7)(C)	give full name, including local name and number)
		4b. Telephone No. (b) (6), (b) (7)(C) Fax. No. None
(b) (6), (b) (7)(C) Aa. Address (Street and number, city, state, and ZIP code	e)	4b, Telephone No. (b) (6), (b) (7)(C) Fax No. None
(b) (6), (b) (7)(C) la. Address (Street and number, city, state, and ZIP code (b) (6), (b) (7)(C) 5. Full name of national or international labor organization	e) on of which it is an affiliate or constituent unit (to 6. DECLARATION	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. None be filled in when charge is filed by a labor best of my knowledge and belief.
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(b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code (b) (6), (b) (7)(C) b. Full name of national or international labor organization) N/A	e) on of which it is an affiliate or constituent unit (to 6. DECLARATION arge and that the statements are true to the	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. None be filled in when charge is filed by a labor best of my knowledge and belief. (b) (6), (b) (7)(C) (Printitype name and title or office, if any

UNITED STATES OF AMERICA NATIONAL LABOR RECONS BOARD CHARGE AGAINS MPLOYER

DO NOT WR	ITE IN THIS SPACE
Case 11-CA-21714	Date Filed / / 10/01/07

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File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

Name of Employer	1. LIVII LOTLIN	AGAINST WHOM CHARGE IS BRO	b. Number of workers employed
termet-Archer Creek Foundry			700
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
. O. Box 11589		(b) (6), (c) (7)	(434)528-8200
ynchburg VA	24506-		Fax No.
Type of Establishment(factory, mine, who ctory	lesaler, etc.)	 g. Identify principal product or service automobile parts 	
and (list subsections)		aging in unfair labor practices within the m	eaning of section 8(a), subsections (1) of the National Labor Relations Act,
		commerce within the meaning of the Act. ant of the facts constituting the alleged unfa	
on or about 2007, the above-rectivity.			because of protected concerted
海道			
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©			
By the above and other acts, the above-section 7 of the Act.	named employer h	as interfered with, restrained, and coerced er	nployees in the exercise of the rights guaranteed i
	organization, give	full name, including local name and numb	er)
a. Address (Street and number, city, state,	and ZIP code)		4b. Telephone No. (b) (6), (b) (7)(C)
b) (6), (b) (7)(C)			Fax No.
		(b) (6).	() ~
5. Full name of national or international lab organization)	or organization o	of which it is an affiliate or constituent unit (I	to be filled in when charge is filed by a labor
		O DECLARATION	
(b) (6), (signatur sommersing	(b) (7)(C)	6. DECLARATION and that the statements are true to the	Individual (Print/type name and title or office, if an
(b) (6),	(b) (7)(C)	and that the statements are true to the	Individual (Printitype name and title or office, if ar

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WR	ITE IN THIS SPACE	
Case 11-CA-21732	Date Filed 10-15-07	

PAICHTER	TATE OF THE PARTY OF	CARIC
INSTRI		UNING

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGA	INST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
Arby's Restaurant		@15
c. Address (street, city, state, ZIP code) 1009 Dallas Cherryville Hwy Dallas , N.C. 28034	d. Employer Representative Store Manager Aaron Taylor	e. Telephone No.(704)922- 8087
28034		Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	ė
restaurant	fast f	ood
 h. The above-named employer has engaged in and is engaging in unsubsections) affecting commerce within the meaning of the Act, or these unfa Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the 	of the National Labor Relations Act, and these ir labor practices are unfair practices affecting of	e unfair labor practices are practices commerce within the meaning of the
On or about (b) (6), (b) (7)(c) 2007, the above-named E protected concerted activities.	Employer terminated (b) (6), (b) (7)(C) be	ecause engaged in
-		
3. Full name of party filing charge (if labor organization, give full to (b) (6). (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code)	name, including local name and number)	4b. Telephone No(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		
		Fax No.
 Full name of national or international labor organization of which organization) 	it is an affiliate or constituent unit (to be filled	in when charge is filed by a labor
6. I declare that I have read the above charge and the	DECLARATION	newledge and helief
\vee (b) (6), (b) (7)(C)	at the statements are if the to the best of my k	A Jack Marin
By	lowint/h ma wans	an Individual e and title or office, if any)
(signa epresentative or person making charge)	(fax)	— 1/ s / 47
Address _(b) (b), (p) (7)(C)	(b) (6), (b) (7)(C)	X10-6-01

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case Date Filed 11-CA-21733 10-15-07

CHARGE AGAINST EMPLOYER

50 To 200				70.00
INST	RI	CI	TO	NS

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1 EMPLOYER AGAIN	ST WHOM CHARGE IS BROUGHT	
a. Name of Employer	31 WHOM CHARGE IS BROUGHT	b. Number of workers employed
Charlotte Area Transit System		1500
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.704-336-4083
315 South Tryon Street	Jim Fox, Dir. of Maintenance	5. Telephone (10.70) 330 (1002
Charlotte, NC 28217	Jim 1 0x, Du. of Maintenance	Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
Maintenance shop	bus maint	
affecting commerce within the meaning of the Act, or these unfair Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the forth)	f the National Labor Relations Act, and these labor practices are unfair practices affecting cacts constituting the alleged unfair labor practices.	unfair inhor practices are practices commerce within the meaning of the ctices)
3. Full name of party filing charge (if labor organization, give full name (b) (6), (b) (7)(C)	me, including local name and number)	
4a. Address (street and number, city, state, and ZIP code)		4b. Telephone No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
		Fax No.
(b) (6), (b) (7)(C)	ECLARATION the statements are true to the best of my ki	nowledge and belief. An Individual
king charge)		e and title or office, if any)
Address (b) (6), (b) (7)(C)	(fax) (b) (6), (b) (7)(C)	10-8-07
	(Telephone No.)	(date)

P.02

FORM EXEMPT UNDER 44 U.S.C. 1512

FORM NLRE-501 (06-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE I	N THIS SPACE
Case	Date Filed
11-CA-21746	10-25-07

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in Itam 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

	HOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
Gino Morena Enterprises		32
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.650.871.0363
111 Starlite Street, P.O. Box 191, South San Francisco, CA 94080	Rex Morena	
(11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Fax No.
	- Vicato - include a consi	
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	16
Barber Shop	barber	
h. The above-named employer has engaged in and is engaging in unfair lai	or practices within the meaning of sect	ion 8(2), subsections (1) and (list
subsections) and (3) of the affecting commerce within the meaning of the Act, or these unfair labor	National Labor Relations Act, and thes	o untair labor practices are practices
Act and the Postal Reorganization Act.	DIMONICOS INC GUITAN PRECIOCES ENTOCENTE	countries of willing and thereing of the
2. Basis of the Charge (set forth a clear and concise statement of the facts	constituting the alleged unfair labor pri	ictices)
Since on or about May 25, 2007, the Employer, by its offic	are aganta and representatives	encouraged apprioness to
decertify the United Brotherhood of Carpenters and Joiners of	America Comenter Industrial	Council Local Union \$777
•	America, Carpenters moust far	Soutien, Docar Othon 8222
(Union).		
Since on or about May 25, 2007, the Employer, by its office	ere agents and representatives a	ave preferential treatment to
employees who sought to decertify the Union.	as, agents and representatives, g	avo protosontiat isoatinent to
amployees who sought to according and canonic		
	· -	
3. Full name of party filing charge (If labor organization, give full name, in	ncluding local name and number)	
	-	unaa.
United Brotherhood of Carpenters and Joiners of America, Carpenter 4s. Address (street and number, city, state, and ZIP code)	re industrial Council, Local Union t	4b. Telephona
		No.276.783,7065
Eastern Region Office, P.O. Box 190, Marion, VA 24354		110.2701.0217000
		Fax No.
5. Full name of national or international labor organization of which it is an	a Millioto or constituent unit As he Alles	I be subare above to Clad by a labor
5. This name or nadional of international tasos of gardization of which (114 ar	s annuale of constituent abut to be linear	in when charge is filed by a labor
United Brotherhood of Carpenters and Joiners of America	A D A TYON!	
6. DECL. I declare that I have read the above charge and that the s		nowledge and helief
A treatment and a management of the siles after	manifold at a read of the post of the	wowlende utile petiat.
By X) Donne Cir		Office Manager
(signature of reprépariative of person making charge)	(print/hune nam	a and title or office, (fany)
(14.12 mont of tohi Charmontes on her age, mounted mont 20)	(fax)	with a ship
Address Eastern Region Office, P.O. Box 190, Marlon, VA 24354	276.783.7065	10-25-07
	(Telephone No.)	(date)
MALE STREET BY LONDON TO SECURITY ON THIS CHARGE CAN BE DESIGNATED IN	NATIONAL AND THE PROPERTY OF A CO.	ODE TIME TAKE OF COMMON AND AND ADDRESS.

WILLFUL PALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1091)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is sutherized by the National Labor Relations Act (NLRA), 29 U.S.C. § 131 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register. 71 Ped. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NRLB

Address

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

5.00	FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

Case

Date Filed

11-CA-21753

/10/31/2007

(date)

. Name of Employer Folden Living Center	R AGAINST WHOM CHARGE IS BROUG	HT
		b. Number of workers employed Appx. 23
Address (Street, city, state, and ZIP code) 09 South Holden Road reensboro NC - 21	d. Employer Representative Marty Bergin Director Mart M Bergin	e. Telephone No. (336)292-5390 Fax No.
Type of Establishment(factory, mine, wholesaler, etc.) ursing home facility	 g. Identify principal product or service medical services 	
The above-named employer has engaged in and is engaged subsections) practices are practices affecting commerce within the me the meaning of the Act and the Postal Reorganization Act	of the Nation	al Labor Relations Act, and these unfair labo
Basis of the Charge (set forth a clear and concise statem	· ~~~	abor practices)
on or about (b) (6), (b) (7)(C) 2007, the above-named Emp) (6), (b) (7)(C) for engaging in protected concerted act		presentatives, terminated employee ^{(0)(6), (0}
	re full name, including local name and number)	
Ea. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	re full name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
a. Address (Street and number, city, state, and ZIP code)	re full name, including local name and number)	The state of the s
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C)	of which it is an affiliate or constituent unit (to b	(b) (6), (b) (7)(C) Fax No. () -
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c) (6), (b) (7)(C) c) (6), (b) (7)(C) c) (7)(C) c) (8), (b) (7)(C) c) (9), (c) (1), (d) (1), (e), (e), (e), (e), (e), (e), (e), (e	, (6)161.0	Fax No. () - e filled in when charge is filed by a labor

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
11-CA-21756	11/2/07

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

I. EMPLOYER AGA	INST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
United States Postal Service		200 PWS
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.864.282.8302
600 W. Washington St., Greenville SC 29602	Patricia Sullivan, PM	Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or serv	vice
processing/delivery		nail
 h. The above-named employer has engaged in and is engaging in unsubsections) (5) affecting commerce within the meaning of the Act, or these unfact and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the 	_of the National Labor Relations Act, and the air labor practices are unfair practices affecting	ese unfair labor practices are practices ag commerce within the meaning of the
submitted by blooms. 2. On or about October 19, 2007, the Employer, informed employees that management would no (b) (6), (b) (7)(c), in an attempt to undermine the Unmore closely observe activities, in retaliation	longer do changes of schedule b	7)(C) ecause of (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) desk in order to
3. Full name of party filing charge (if labor organization, give full	name, including local name and number)	
American Postal Workers Union, Local 168		
4a. Address (street and number, city, state, and ZIP code)		
Upscale PO Box 1425, Greenville SC 29602		4b. (b) (6), (b) (7)(C)
		No.
		4b. (b) (6), (b) (7)(C) No.
 Full name of national or international labor organization of which organization) 	n it is an affiliate or constituent unit (to be fill	Fax No.
organization) American Postal Workers Union		Fax No.
organization) American Postal Workers Union	DECLARATION	Fax No. Ed in when charge is filed by a labor
organization) American Postal Workers Union 6. I declare that I have read the above charge and the	DECLARATION	Fax No. Ed in when charge is filed by a labor
organization) American Postal Workers Union 6.	DECLARATION at the statements are true to the best of my (print/type no	Fax No. ed in when charge is filed by a labor knowledge and belief.
American Postal Workers Union American Postal Workers Union 6. I declare that I have read the above charge and the	DECLARATION at the statements are true to the best of my	Fax No. Fax No. ed in when charge is filed by a labor knowledge and belief. (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1001) I.O.
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NRLB is voluntary; however, failure to supply the information will cause the NRLB to decline to invoke its processes.



UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

' DO NOT	WRITE IN THIS SPACE
Case	Date Filed
11-CA-21758	11-2-07

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

alleged unfair labor practice occurred or is occurring.		
	INST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
Novant Health		100
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.336.718.4800
2000 Frontis Plaza, Winston Salem, NC 27107	Susan Claypool, Assistant Director	Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or servi-	ce
health care administrative office		
h. The above-named employer has engaged in and is engaging in ur		ing ion 8(a) subsections (1) and (list
	ct, and these unfair labor practices are practices	s affecting commerce within the
terminated (b) (6), (b) (7)(C) because of protected co	oncerted activities.	
3. Full-name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C)	name, including local name and number)	×
4a. Address (street and number, city, state, and ZIP code)		4b. Telephone
(b) (6), (b) (7)(C)		No.(b) (6), (b) (7)(C)
		Fax No.
5. Full name of national or international labor organization of which organization)	n it is an affiliate or constituent unit (to be filled	d in when charge is filed by a labor
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	DECLARATION at the statements are true to the best of my l	knowledge and belief.
re of representative or person making charge)	(print/type nan	ne and title or office, if any)
	(fax)	
Address (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	1030-07
	(Telephone No.)	(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1001) L.O.
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NRLB is voluntary; however, failure to supply the information will cause the NRLB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

- Y	FORM EXEMPT UNDER 44 U.S.C 35	12
DO NOT WR	TE IN THIS SPACE	

Case

11-CA-21762

Date Filed 11/6/07

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in Item 1 with NLRB Regional Director for the region in which the alleged

	R AGAINST WHOM CHARGE IS BROI	JGHT
a, Name of Employer Carolina Holding		b. Number of workers employed 40
c. Address (Street, city, state, and ZIP code) 616 McCoy Town Rd. Cameron NC 27326-	d. Employer Representative Tommy Womble	e. Telephone No. (919)499-2301 Fax No.
Type of Establishment (factory, mine, wholesaler, etc.) g. Identify principal product or service. used tires		
The above-named employer has engaged in and is engage subsections) practices are practices affecting commerce within the meather meaning of the Act and the Postal Reorganization Act.	of the Na	tional Labor Relations Act, and these unfair labor
Basis of the Charge (set forth a clear and concise statement) on or about (0) (6), (b) (7)(C), 2007 the above-named employ (tivities.		
		*
	o full name, including local name and numbe	er)
a Address (Street and number, city, state, and ZIP code)	e full name, including local name and numbe	4b. Telephone No. (b) (6), (b) (7)(C)
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C)	D) (5).	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () -
a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c), (c), (d), (e), (e), (e), (e), (e), (e), (e), (e	of which it is an affiliate or constituent unit (t	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () -
(b) (6). (b) (7)(C) (a) Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) (c) Full name of national or international labor organization of organization) (b) (6). (b) (7)(C) Large that I have read the above charge (b) (6), (b) (7)(C)	of which it is an affiliate or constituent unit (to	Fax No. (b) (6), (b) (7)(C) Fax No. () - o be filled in when charge is filed by a labor e best of my knowledge and belief. an Individual
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	of which it is an affiliate or constituent unit (to	an Individual (Print/type name and title or office, if any)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The rountine uses for the imformation are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRIT	TE IN THIS SPACE
Case 11-CA-21764	Date Filed 11/7/07

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAIN	IST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
Wake Med		6000+
c. Address (street, city, state, ZIP code) 3000 New Bern Ave., Raleigh, NC 27610	d. Employer Representative William Atkinson, President	e. Telephone No. 919 350 8000
		Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	e
hospital		ces
 h. The above-named employer has engaged in and is engaging in unfasubsections) affecting commerce within the meaning of the Act, or these unfair Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the postal results) 	of the National Labor Relations Act, and these labor practices are unfair practices affecting	unfair labor practices are practices commerce within the meaning of the
3. Full name of party filing charge (if labor organization, give full na	ame, including local name and number)	
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code)		
4a. Addiess sireer did namber, eny, sidie, and 211 code)		4h Telenhane Na
(b) (6), (b) (7)(C)		4b. Telephone No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which i organization)	it is an affiliate or constituent unit (10 be filled	(b) (6), (b) (7)(C) Fax No.
5. Full name of national or international labor organization of which is organization) (b) (6), (b) (7)(C) at I have read the above charge and that (b) (6), (b) (7)(C) By	DECLARATION the statements are true to the best of my k	(b) (6), (b) (7)(C) Fax No. I in when charge is filed by a labor anowledge and belief. Individual
5. Full name of national or international labor organization of which is organization) (b) (6), (b) (7)(C) at I have read the above charge and that (b) (6), (b) (7)(C)	DECLARATION the statements are true to the best of my k	(b) (6), (b) (7)(C) Fax No. In when charge is filed by a labor snowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1001) L.O.

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NRLB is voluntary; however, failure to supply the information will cause the NRLB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

-	FORM EXEMPT UNDER 44 U.S.C 3512	
DO NOT WRITE IN THIS SPACE		
se 11-CA-21767	Date Filed / / 11–13–07	Ĭ,

INSTI	DILLO	TION	10.

Case

. Name of Employer merican Health and Human Services d/b/a The Weekly T Address (Street, city, state, and ZIP code)	Times	b. Number of workers employed 100
Address (Street, city, state, and ZIP code)		
	d. Employer Representative	e. Telephone No.
13 North Poindexter St.	Andrea	(252)333-1066
izabeth City NC 27909-	Simpson	Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service mentoring services to the disabled	
The above-named employer has engaged in and is engaged subsections)	프라이크 보고 있다면 하다 하나 되는 책임에 되어 하는데 되는데 가지 않다니까 하다 되었다.	
practices are practices affecting commerce within the me the meaning of the Act and the Postal Reorganization Ac	aning of the Act, or these unfair labor practice	orial Labor Relations Act, and these unfair labors are unfair practices affecting commerce with
Full name of party filing charge (if labor organization, giv (6), (6) (7)(C)	e full name, including local name and number	
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C)		4b. Telephone No. (b) (6), (b) (7)(C)
) (6), (b) (7)(C)	(b) (b), (b) (7)(c	Fax No. () -
. Full name of national or international labor organization organization)		be filled in when charge is filed by a labor
(b) (6), (b) (7)(C) (6), (b) (7)(C) (6), (c) (7)(C)	e and that the statements are true to the	best of my knowledge and belief.
	e and that the statements are true to the	best of my knowledge and belief. Individual (Printitype name and title or office, if any)
-A	e and that the statements are true to the	Individual
	e and that the statements are true to the	best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The rountine uses for the imformation are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is around the resulting the result

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WRITE IN THIS SPACE	
Case	Date Filed
11-CA-21796	12/5/07

INSTRUCTIONS:

	R AGAINST WHOM CHARGE IS BROU		
a. Name of Employer Nationwide Insurance		b. Number of workers employed 400	
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.	
401 Creedmoor Rd.	Rodney Fraiser	(919)818-1825	
aleigh NC 27604-		Fax No.	
Type of Establishment (factory, mine, wholesaler, etc.)	10)		
The above-named employer has engaged in and is engage	ging in unfair labor practices within the meaning	ng of section 8(a), subsections (1) and (list	
subsections)		onal Labor Relations Act, and these unfair labo	
practices are practices affecting commerce within the me the meaning of the Act and the Postal Reorganization Act		es are unfair practices affecting commerce within	
. Basis of the Charge (set forth a clear and concise statem	ent of the facts constituting the alleged unfair	labor practices)	
On or about September 2007, the above-named empl			
ther employees.	ojo, anottoneo na omproyees with the	The control of the co	
On or about (b) (6), (b) (7)(C) 2007, the above-named en	mployer discharged its employee (b) (6)	, (b) (7)(C) because of protected	
oncerted activities.	The state of the s		
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The state of the s	e full name, including local name and number)	
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

(b) (6), (b) (7)(C)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is information will cause the NLRB to decline to invoke its processes.

UNITED STATE F AMERICA
NATIONAL LABOR ATIONS BOARD
CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C 9812	
OT WE	TE IN THIS SPACE	

Case Date Filed / / 12-10-07

INS		

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER	R AGAINST WHOM CHARGE IS BROU	GHT ⁻
a. Name of Employer Alliant Technical Systems		b. Number of workers employed
c. Address (Street, city, state, and ZIP code) Route 114, PO Box 1 Radford VA 24143-	d. Employer Representative Mike Wolf, HR	e. Telephone No. (540)639-8241 Fax No.
Type of Establishment(factory, mine, wholesaler, etc.) actory	 g. Identify principal product or service propeller 	
The above-named employer has engaged in and is engaged subsections)	of the Nati	onal Labor Relations Act, and these unfair labor
Full name of party filing charge (if labor organization, give	full name, including local name and number	i.
Eull name of party filing charge (if labor organization, give) (10,007XC) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C)	full name, including local name and number	
a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C)	full name, including local name and number	4b. Telephone No.
a Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) (6), (b) (7)(C) Full name of national or international labor organization of	which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () -
a Address (Street and number, city, state, and ZIP code)	which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () - be filled in when charge is filed by a labor

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

(b) (6), (b) (7)(C

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



FORM EXEMPT UNDER 44 U.S.C. 3512

FORM NLRB-501 (11-88)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
11-CA-2180	12/12/07	

INSTI		

INSTRUCTIONS:
File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

a. Name of Employer	AINST WHOM CHARGE IS BROUGHT	b. Number of workers employed		
merican Health and Human Services		@68		
Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.		
504 East Elizabeth St., Elizabeth City, NC 27909	Andrea Simpson	252.619.0319 cell		
		Fax No. 252.384.0311		
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or ser			
		unity support		
 The above-named employer has engaged in and is engaging in subsections) 	unfair labor practices within the meaning of se of the National Labor Relations Act, and the			
practices affecting commerce within the meaning of the Act. Basis of the Charge (set forth a clear and concise statement of the concise statement).	d C - Park d Hard Cath	- Soldson		
÷,				
by the above and other acts, the above-named employer has in	terfered with, restrained, and coerced emp	loyees in the exercise of the rights		
uaranteed in Section 7 of the Act.				
Full name of party filing charge (if labor organization, give full	ll name, including local name and number)			
	- point	I A mt t St		
	e series e	4b. Telephone No.		
a. Address (street and number, city, state, and ZIP code) b) (6), (b) (7)(C)	ich it is an affiliata ar annatituent unit die he d	(b) (6), (b) (7)(C)		
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(a) Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) (c) Full name of national or international labor organization of white organization) (b) (6), (b) (7)(C) (c) By	6. DECLARATION that the statements are true to the best of m	(b) (6), (b) (7)(C) filled in when charge is filed by a labor by knowledge and belief. an Individual		
organization)	6. DECLARATION that the statements are true to the best of m	(b) (6), (b) (7)(C) illed in when charge is filed by a labor by knowledge and belief.		
a. Address (street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c. Full name of national or international labor organization of white organization) (b) (6), (b) (7)(C) By	6. DECLARATION that the statements are true to the best of m	(b) (6), (b) (7)(C) filled in when charge is filed by a labor by knowledge and belief. an Individual (title if any)		